MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

July 2006

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Maryland Trauma Physician Services Fund

Staff updated the 2006 fee schedule which is used in the payment calculator to determine uncompensated care payments to trauma physicians for services submitted in the July 2006 application cycle. The Fund reimburses up to 100 percent of the current Medicare facility-based payment for services in the Baltimore carrier locality area. Staff modifies the payment calculators' fee schedule in June to reflect changes in Medicare rates that take effect at the beginning of the year.

Staff completed updates to the trauma physician eligibility file and uncompensated care application. Approximately 12 trauma physicians were added to the eligible file expanding the total number of eligible physicians to about 960. Changes were made to the Financial Information Table on the Uncompensated Care Application which tracks insurance and self-pay receivables on trauma patients.

Last month staff provided consultative support to approximately 18 trauma physician practices regarding the submission of an uncompensated care application in July. Staff responded to questions regarding physician eligibility, clarification on the uncompensated care application process, and the impact of the changes from the passage of House Bill 1164 to the trauma physicians and trauma centers.

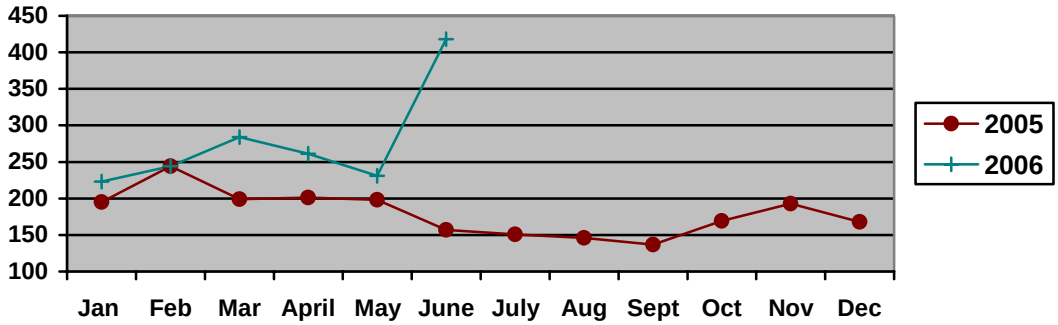
Data Base and Application Development

Data Base and Application Development

Visits to MHCC Consumer Sites Were Up in June

MHCC had 25,000 visits to its web site in April. On a per day basis, total visits in June were up by about 5,000 due almost exclusively to increased activity on the hospital site. Overall consumer sites received about 418 visits per day (12,500 total visits) in June – about 266 percent from June 2005. About 50 percent of visits to the MHCC site were to consumer-related sections of site. The share of total visits that are to consumer sections in June were significantly higher than the trend. Figure 1 presents results from 2005 and the first six months of 2006.

Figure 1 -- Use of MHCC Consumer Sites: HMO, Hospital, Nursing Home, Assisted Living, and Ambulatory Surgery, Visits Per Day



Data Requests/Programming Support

Data staff completed the following: created a 2006 hospital map for the hospital staff; reported that the R. Adams Cowley Shock Trauma Center at the University of Maryland Medical System treated 7655 patients and 1472 self-pay patients for cy 05; identified the total number of acute care hospital discharges and patient days by hospital in CY 05 for 4 PDS's and Rehab DRGs; modified the Dacensus and PSA programs to run on our new LAN tree structure; ran a sample PSA (primary service area) program for CON staff.

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Long Term Care Survey (LTCS)

The pre-processing of the Medicaid Cost Report data was completed for the 2005 edition of the Long Term Care Survey. This will reduce respondents' data entry time. The survey is undergoing testing and is scheduled to be released July 10.

Facility Planning

Staff members assisted the Long Term Care staff in updating the State Help Plan for nursing homes and home health agencies. The Home health agency methodology was rewritten to allow the use of Maryland's Minimum Data set for the for first time in identifying home health agency candidates from Maryland nursing homes to help predict future need for home health agency services. Staff members also assisted in preparing analyses for western Maryland and eastern shore to determine which agencies could help in serving jurisdictions that are underserved.

Web Applications

Assessment

Major changes were made to the Assessment program to allow for the adjusted calculation of hospital assessments based on a prior year adjustment of assessments fees. This resulted in debits or credits given to hospitals on this year's assessment. Supporting reports were also modified to show these adjustments.

Dental License Renewal

Dental Online licensing ended on June 30, 206 as planned. Seventy-Five percent (75%) of applicants completed the online application in its first year. Over 91% used a credit card to pay the renewal fee and the User Evaluation Survey indicated a high degree of satisfaction with the web site

Physician Renewal
The Physicians Online Renewal has been revised to eliminate several questions that were not used by staff. In addition, and new credit card interface has been developed to work with Mac users, and a new navigational system was added to make it easier for users to navigate from one section of the application to another without returning to the menu. Physicians will begin testing the revised site on July 10, 2006. The application becomes live on July 17, 2006.

Hospital CON Application Development
Part I of the CON Application for Hospitals has been coded and reviewed by the CON staff and reprogramming based on their feedback is now being implemented.

SubAcute Survey Results
The 2005 Annual Subacute Survey report was published to the MHCC web site in June. This is the last report as the regulations requiring the survey were repealed by the Commission in April.

Cost and Quality Analysis

In July, the Center for Information Services and Analysis will release an issue brief on a study of asthma medication use among privately insured children in Maryland with an asthma diagnosis. The study uses data on prescription drug fills contained in the Medical Care Data Base (MCDB) to assess compliance with the National Asthma Education & Prevention Program (NAEPP) medication guidelines. The issue brief will be distributed via email by the Maryland Asthma Control Program (within DHMH) to members of the Maryland Asthma Coalition. The Coalition includes providers in private practice, asthma educators, public health officials (DHMH and local health department staff), academic institutions (University of Maryland Medical and Nursing Schools, Johns Hopkins Asthma & Allergy Center), community associations (local chapters of the American Lung Association and the Allergy & Asthma Foundation of America), and federal agencies (CDC, AHRQ).

The Center for Information Services and Analysis staff has begun planning for the next *Health Insurance Coverage in Maryland* chartbook, which will be released late in the fall. The chartbook will contain the same types of information as in the last two reports, to facilitate comparisons over time. But unlike previous reports, which compared coverage rates based on two-year running averages (i.e., 2001-2002 compared to 2002-2003, as the Census Bureau does in its annual reporting of state uninsured rates), the new chartbook will compare 2-year averages without an overlapping year (2002-2003 compared to 2004-2005). It will also expand the trend comparison to consider changes from 2000-2001 to 2004-2005. The use of 2-year averages from distinctly different years increases the time gap in the comparisons from about 1 year (for 2-year running averages) to 2 years. Consequently, if there is a gradual upward trend in uninsurance, the 2 year gap will increase the likelihood of finding a significant change from the prior time period. As always, the data for the chartbook come from the Census Bureau's Current Population Survey (CPS), Annual Social and Economic Supplement. Census staff recently released a study that speaks to the question of the Medicaid undercount in the CPS. The study found that compared to the monthly coverage rates reported in the Survey of Income Program Participation (SIPP), the national rates of coverage in both Medicaid and private insurance are under-reported in the CPS. The CPS Medicaid rate corresponds to the persons who reported 6-12 months of Medicaid coverage in the SIPP, while the CPS privately insured rate matches the proportion of privately insured who had this coverage for 8-12 months in the SIPP. This implies that the uninsured rate in the CPS reflects

persons who were uninsured for 4-12 months of the year. Since the typical uninsured spell lasts 5.5 months, the CPS uninsured rate captures most the persons who had uninsured spells in that year.

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
Throughout the remainder of 2006, staff will be involved in the analysis necessary to prepare various legislative reports and special studies that relate to state health care reform and other health care financing and health policy issues to present to the Commission and the General Assembly before the start of the 2007 legislative session.

Long Term Care Quality Initiative

Nursing Home Performance
Continuing discussions have been held with Agency for HealthCare Research and Quality (AHRQ) representatives to determine Maryland participation in field testing for the Family Nursing Home NHCAHPS survey. MHCC staff are in the final stages of writing an RFP to solicit a survey administration vendor for this family survey. Exploring participation with ARHQ and CMS in development and testing of three other CAHPS surveys: Assisted Living, Home Health, and Community Services. These efforts are in the early stages of development.

Long-Term and Community-Based Services Advisory Committee
The Center invited individuals from a variety of Long Term Care service modalities to participate in the advisory committee to provide input on a range of performance and policy issues. This group will replace the previous steering committee that provided input for development of the Nursing Home Performance Guide. The advisory committee has greater consumer and advocacy representation; the committee currently consists of eighteen individuals representing Long Term Care and Community-Based service agencies and advocacy groups. MHCC staff is in the process of planning the agenda for the first meeting to be held in early August.

Long-Term Care Planning Act of 2006
Staff held several meetings to initiate the process to write an RFP for services to conduct the study required by this Act.

Maryland Department of Disabilities (MDOD) Quality & Self-Directed Services Steering Committee
The third and final committee meeting was held at the end of June. This group represents a statewide effort to define quality indicators and population outcomes that are non-medical in nature for LTC community programs & waivers for adults with disabilities. Proposed outcome measures for have been developed and Self-Directed Services definitions completed. Next steps include Town Hall Meetings conducted by MDOD with consumers to gather their feedback and also have a web based survey that people can either complete survey on line or call for assistance.

Assisted Living Disclosure Form
Staff attended the Assisted Living Disclosure meeting convened by the Office of Health Care Quality (OHCQ). OHCQ is required by HB 826 to develop a standard assisted living program services disclosure statement in consultation with the Maryland Health Care Commission and other stakeholders.

The purpose of the disclosure is to inform Marylanders considering Assisted Living services about the services and policies of facilities i.e. what services will and will not be provided, what conditions lead to discharge by a particular facility to assist them in making informed decisions. A proposed Maryland disclosure statement modeled on samples from Texas and several other states was reviewed and revised by meeting participants. The proposed disclosure presents a fairly extensive list of services, costs and specification of those services included in base rates and those available for additional fees. A variety of other areas are included in the form: 1) conditions leading to transfer or discharge, 2) the care planning process, 3) availability of structured activities, 4) staffing patterns and staff training, 5) safety features of facilities, and 6) facility amenities are in the draft statement.

The content of the disclosure form provides content that can be incorporated in the MHCC Assisted Living web site and that is consistent with our goal of helping Marylanders to be more informed consumers. MHCC could include the actual form on our site for downloading or include a link to the form.

Long Term Care Policy and Planning

Under legislation adopted during the 2003 legislative session, the Commission is responsible for annual data collection from the hospice programs operating within Maryland. The Maryland Hospice Survey contains aggregate data including data on: program demographics; patient volume; patient demographics; processes of care; inpatient and residential facilities; and cost data. The Commission had a contract with Perforum to assist in the development and implementation of an online data collection tool. With the expiration of that contract on July 1, 2006, the Commission released a new Request for Bid (RFB) to provide maintenance and technical support of the annual hospice data collection process. The RFB was released on June 6, 2006 and bids were due June 19, 2006. Bids were received from five vendors and were discussed by an internal staff panel on June 27, 2006. Commission staff is in the process of reviewing detailed information submitted by the five applicants.

The due date for submission of the 2005 Maryland Hospice Survey was June 15, 2006. One hospice was notified of an impending fine for non-compliance with COMAR 10.24.03, requiring hospices to submit timely, accurate, and complete data to the Commission. That hospice has provided a written plan for completion of the survey by July 14, 2006. The Commission will release a public use data set when all hospice data has been submitted and edited.

The Commission is responsible for quarterly data collection from all continuing care retirement communities (CCRCs) with Certificate of Need (CON)-excluded beds. These are CCRCs who have an exclusion or exemption from CON rules since they serve primarily their own residents. Such facilities are permitted to have limited direct admissions to their nursing home beds. All such admissions and discharges are required to be reported to the Commission on a quarterly basis. A mailing was done to all of the CON-excluded CCRCs on June 21, 2006 to provide information and data reporting forms for the new fiscal year beginning July 1, 2006.

Commission staff participates on the Office of Health Care Quality's (OHCQ) Regulations and Structural Requirements Workgroup of the In-Home Health Services Forum. The Workgroup last met June 13, 2006 and discussed several items including: the definition of "chore" and "companion services"; the elements that should be included in a definition of "informed decision"; and a standardized format for the informed decision document. The Board of Nursing further clarified that there is no difference between personal care and providing assistance with the activities of daily living, and that the caregiver needs to be a certified nursing assistant. The next meeting of OHCQ's Workgroup is scheduled for August 8, 2006.

Health Plan Quality and Performance

2006 Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit

HealthcareData.com, the HEDIS audit contractor, has completed five of seven deliverables for the 2006 audit season. HDC met the June deadline requiring the provision, to MHCC and its report development vendor, of all final rates and audit designations for the set of performance measures collected by plans.

MHCC staff began an early review of the data by benchmarking the current rates against plans' prior years' performance. Final rates changed in several instances as programming issues were identified. However, plans addressed most issues with an explanation. Lead auditors accepted all final rates as reported. No plan had a failure for any measure. Staff and the report development contractor will continue to assess results during July and August. Additionally, any results in the 90^{th} and 10^{th} percentiles will be so designated in the *Comprehensive Report* to assist readers of this publication.

Consumer Assessment of Health Plan Study (CAHPS Survey)

The Myers Group (TMG) completed and distributed the first of two reports containing analysis of 2006 survey results for each plan. The first report is designed to give each plan a summary view of its results. It includes scores on key member satisfaction areas such as getting care quickly. Additionally, the *At-a-Glance* report profiles respondent characteristics and benchmarks a subset of scores to national percentiles (2005) by attributes, rating questions, and 3-point scores used in accreditation scoring. The second report will be released in August to incorporate 2006 national percentiles and provide more extensive analysis and results.

As reported previously, the average rate of response for Maryland HMOs this year was 38.4 percent. This average reflects an upward shift over the 2005 response rate of 36.59 percent. An examination of the completed surveys shows that compared to last year, mail responses increased 16 percent. Phone responses, however, decreased to 23 percent of the total completes attributable to the final response rate. Staff has discussed possible modifications for 2007 administration. Further, staff will draft a modification to include contract incentives to encourage the achievement of minimum thresholds in each medium of survey administration.

National CAHPS Benchmarking Database (NCBD)

By the June 30 deadline, The Myers Group submitted CAHPS data to the NCBD public database for six of the seven Maryland plans that report their member satisfaction results to MHCC. Historically, the majority of Maryland plans have chosen to submit their data to NCBD. All personal identifiers are removed from the data files before transmitting them.

Plans will receive two reports analyzing their individual results. The first report will be provided by TMG in June and will contain detailed results and a synopsis of demographic analyses by the vendor. Second, a detailed final report will present expanded analyses of individual results, will assist in identifying member satisfaction strengths and opportunities, and will aid in assessing NCQA accreditation standing.

Report Development
Staff had weekly conference calls throughout June with the report contractor, NCQA. Several changes in content and format were discussed. The first draft has been reviewed by staff and changes submitted to NCQA.

As the Commission embarks on its tenth year of reporting on the quality of commercial HMOs, it will bring innovations to the *Consumer Guide* and its companion reports. Notably, the publications will convert to a paperless format this year to make best use of the available technology and resources. Transition to CD-ROM will occur expeditiously with the majority of copies of the 2006 *Consumer Guide* produced as a CD version and about ten percent of the total quantity produced in paper format. Staff has proposed complete elimination of paper copies of the *State Employee Guide.* In place of the report, state employees would receive various notifications about the availability of the web-based version.

Format changes and movement to the electronic medium go beyond the scope of the existing contract. Staff received and responded to a proposal submitted by NCQA modifying the budget and work. A revised proposal has been approved by the Division to amend the current contract.

Other Activities
Staff continues to explore opportunities to introduce innovations to quality reporting through public-private partnerships. In June, staff attended a two-day session conducted by the MidAtlantic Business Group on Health (MBGH). MBGH is a business health coalition engaged in activities directed at value-based purchasing of health care services. Each year the coalition submits a request for information to selected Maryland HMOs using a standard annual survey to gather information in critical areas such as health information technology, member and provider communications, and disease management.

In addition, staff continues to participate in scheduled conference calls with representatives from PPO plans to discuss potential expansion of quality reporting. MHCC will host a meeting with representatives in August. Details on the data collection process for this product will be the key objective of the meeting.

CENTER FOR HOSPITAL SERVICES

Certificate of Need

Determinations of Non-Coverage

Acquisitions
Fairfield Nursing Center (Anne Arundel County)
Acquired by Mid-Atlantic Fairfield, LLC
$2,800,000

Shore Health System (Memorial Hospital at Easton in Talbot County and Dorchester General Hospital in Dorchester County)
Acquired by University of Maryland Medical System

Projects Below the Capital Expenditure Threshold

Bon Secours Health System (Baltimore City)
Redesign and renovate the Intensive Care Unit
MHA Bond Program
$8,300,000

Shady Grove Adventist Hospital (Montgomery County)
Establish a maternity clinic for uninsured women
$362,250

St. Thomas More Nursing and Rehabilitation Center (Prince George's County)
Renovations to the existing facility to accommodate 10 comprehensive care facility (CCF) beds, addition of new physical, occupational, and speech therapy space, and semi-private bathrooms for patients
$2,519,570

Temporary Delicensure of Bed Capacity or a Health Care Facility

FutureCare-Lochearn (Baltimore City)
Temporary delicensure of 20 Comprehensive Care Facility ("CCF") beds

Relinquishment of Bed Capacity

Mercy Medical Center, Transitional Care Unit (Baltimore City)
Relinquishment of 6 temporarily delicensed CCF beds

Single Operating Room Freestanding Ambulatory Surgical Centers

Columbia Foot and Ankle Ambulatory Surgical Center, LLC (Howard County)
Establish an ambulatory surgery center with one Class A sterile operating room and one non-sterile procedure room

Maryland Surgeons Center of Columbia, LLC (Howard County)
Establish an ambulatory surgery center with one Class B sterile operating room and one non-sterile procedure room

Obstetrics and Gynecology Associates Ambulatory Surgery Center (Montgomery County)
Establish an ambulatory surgery center with one Class A sterile operating room and one non-sterile procedure room

Bay Surgery Centers, LLC (Anne Arundel County)
Establish an ambulatory surgery center with one non-sterile procedure room

Spine Intervention Center, LLC (Harford County)
Establish an ambulatory surgery center with two non-sterile procedure rooms

Summit Ambulatory Surgical Center, LLC (Baltimore County)
Establish an ambulatory surgery center with one Class B sterile operating room and two non-sterile procedure rooms

Other

Tri-State Home Health & Equipment, Inc. (Baltimore County)
Voluntary suspension of its home health license for Baltimore County in 2005. Additionally, the Commission deems Tri-State's CON approval for home health services in Anne Arundel, Harford, and Montgomery Counties to be abandoned, as they were never established.

Policy and Planning

Acute Care Hospital Bed Licensure

Acute care hospitals in Maryland were notified of the FY2007 acute care bed licensure totals for their hospitals, calculated using the "140% rule and average daily census for the twelve month period ending March 31, 2006. Hospitals were requested to provide updated bed service category designations for FY2007. Additionally, updated emergency department treatment capacity and operating room inventory data were also collected from the state's 47 acute care hospitals.

Freestanding Ambulatory Surgical Facility Annual Survey

Submission of annual survey data for CY 2005 was completed. A total of 324 freestanding facilities submitted surveys, an increase of ten over surveyed facilities in CY 2004. Work will now begin on auditing survey data and preparing an updated Maryland Ambulatory Surgery Provider Directory.

Hospital Quality Initiative

On June 20th, Commission staff provided a preview of the enhanced edition of the Hospital Guide to hospital representatives at a meeting hosted by the Maryland Hospital Association (MHA). The preview included a tour of the new Guide (conducted by staff from the Delmarva Foundation) and a preview of the new and updated data and information that would be publicly unveiled. In addition, Commission staff provided two slide presentations that addressed the purpose and direction of the Guide, as well as the reorganization and new priorities of the MHCC.

Division staff focused much of their attention on planning and coordinating activities associated with the June 29th Press Conference. The event featured the unveiling of the new Hospital Performance Evaluation Guide designed by members of the Hospital Steering Committee and Commission staff over the preceding year and developed by the Delmarva Foundation. The new and improved Guide includes the following features, enhancements, and updates:

- Reporting of acquired hospital surgical infection prevention activities (for hip, colon, and knee);
- Reporting of hospital pricing data from the HSCRC for the top 15 state-wide DRG's;
- User navigation tutorials to assist patients in comparing hospital services and performance;
- Best practices tutorials;
- Enhanced ease-of-use capabilities for the general public;
- Updated care quality and volume data; and
- Trend data of key quality indicators for individual hospital performance.

The press conference, which was held at Commission's offices, featured presentations by Chairman Stephen J. Salamon, HSCRC Chairman Irvin Kues, Beverly Miller (Vice President, MHA), and Dr. Rex Cowdry. An overview and tour of the Guide was provided by Dr. Maulik Joshi and Mariana Lesher of the Delmarva Foundation. Approximately 100 people attended the press conference,

including representatives of the electronic and print media. References to the Guide were reported in at least four newspapers.

The next meeting of the Hospital Performance Evaluation Guide Advisory Committee is scheduled for July 27th at 10:00 a.m. at the Commission's offices.

Specialized Services Policy and Planning

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services (COMAR 10.24.17) provides for the Commission to issue a waiver from its policy requiring that PCI procedures should be performed only in hospitals with on-site cardiac surgical backup. At public meetings in May and June 2006, the Commission granted a two-year primary PCI waiver to Anne Arundel Medical Center, and one-year conditional waivers to the following hospitals without on-site cardiac surgery: Baltimore Washington Medical Center (BWMC), Doctors Community Hospital, Franklin Square Hospital Center (FSHC), Holy Cross Hospital, Howard County General Hospital, Johns Hopkins Bayview Medical Center, Mercy Medical Center, St. Agnes Hospital, Shady Grove Adventist Hospital, and Southern Maryland Hospital Center (SMHC). To comply with the Commission's requirements, BWMC has established monthly meetings of a multiple care area group; the hospital submitted documentation of monthly meetings held from January to May 2006. To address the Commission's findings related to primary PCI physician coverage at the hospital, FSHC has recruited additional interventional cardiologists. To meet one of the conditions of its waiver, SMHC has executed a new helicopter transport agreement with STAT MedEvac. SMHC is also actively working on a plan of correction for other findings, to be submitted to the Commission no later than July 31, 2006.

In granting a two-year waiver to Anne Arundel Medical Center (AAMC), the Commission adopted the staff's recommendation that the Commission monitor AAMC's door-to-balloon (DTB) times using data from the Commission's primary PCI registry. Under a contract with the Commission, the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) is collecting and validating data from hospitals providing primary PCI services without on-site cardiac surgery in Maryland during 2006. Based on audited data from the Commission's registry on primary PCI cases performed during the period from January 1 through March 31, 2006, the Commission's Executive Director requested that AAMC provide, no later than July 13, 2006, detailed time data on primary PCI cases performed at the hospital during calendar year 2005. The Executive Director will prepare a recommendation to the Commission after the staff has reviewed and analyzed AAMC's data.

Hospitals receiving a primary PCI waiver from the Commission were required to correct any deficiencies in the January to March 2006 data by July 13th. The Commission's staff will prepare a summary report on the first-quarter data for presentation to the Commission in September 2006.

In response to the analysis and comments of the Procurement Unit of the Department of Budget and Management (DBM), the Commission's staff has revised the Request for Proposals (RFP) to establish and manage a Data Coordinating Center for the Maryland Primary Percutaneous Coronary Intervention Data Set. This solicitation will establish the ongoing waiver data set and data collection, validation, and analysis process. The contractor will implement the primary PCI data reporting requirements for the cardiac surgery hospitals in Maryland in the second year of the contract. The Commission is awaiting DBM's final approval for release of the RFP.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Last month staff continued to support the work of the *Task Force to Study Electronic Health Records* (Task Force). Staff worked with the Chair and Vice-Chair to identify local and regional speakers that can address the Task Force on specific components of the enabling legislation. Three speakers are tentatively scheduled to brief the Task Force over the next several months. At the June meeting, a representative from the Maryland State Department of Education briefed the Task Force on the potential value of electronic school health records. The Task Force also listened to representatives from Avalere Health as they discussed national barriers and policy-related issues regarding health information exchange. During the breakout session, the Computerized Prescribing & Policy Development Workgroup was provided with a demonstration on the Veterans Administration Health System's clinical informatics and Physician Order Entry system used nationwide.

Staff awarded three small procurement contracts to assist the Task Force Work Groups in completing research and report writing activities. Delmarva Foundation was selected to support the Computerized Prescribing & Policy Development Workgroup and Infrastructure Management & Policy Development Workgroup. Misty Meadows Holdings, Inc. was chosen to assist the Electronic Patient Information & Policy Development Workgroup. Both consulting organizations have sound experience in health information technology and are expected to enhance the quality of work completed by the Task Force. Staff will coordinate consultant assignments with Work Group leads.

Staff completed scope and design activities relating to the Health Sector Privacy and Security Study. The study will assess how organizational business policies, practices, and state laws regarding privacy and security affect statewide health information exchange. The study parallels aspects of the national effort currently underway to explore privacy and security, however, it's uniquely tailored to identify obstacles and propose solutions and implementation plans reflective of the varying health sector groups in Maryland. As part of the study, staff will issue up to eight small procurement contracts for conducting health sector assessments and report writing. Health sectors included in the study are hospitals, long term care facilities, physicians, pharmacies, medical labs and diagnostic imaging centers, payers, purchasers of care, and consumers.

Staff participated in a one day National Health Information Forum in Washington DC. The purpose of the meeting was for State's and other major stakeholders to provide input to the Office of the National Coordinator on the functional requirements necessary to achieve a foundation for an interoperable, standards-based network to support health information exchange. Participants reviewed approximately 1,139 functional requirements and took part in strategic discussions aimed at select functional requirements. The next meeting is tentatively scheduled in November.

EDI Services

Staff met with National Provider Identifier (NPI) Work Group participants during the month to identify implementation challenges and refine use cases associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Identifier Regulations. These discussions were aimed at evaluating various use cases and to review transaction mapping strategies that small, medium, and large providers are likely to encounter. The NPI Work Group is scheduled to formally meet again in July to draft provider NPI guidelines and develop resource

tools to facilitate implementation. Provider implementation errors increase the risk of third party payer cash flow disruption. May 23, 2007 is the implementation date for the NPI Regulations. The NPI Workgroup is on schedule to make policy recommendations regarding implementing organizational NPIs around mid-summer.

Last month staff provided support to approximately 60 percent of payers required to submit an EDI Progress Report by June 30th. The continuous effort put forth by staff to work with reporting payers resulted in a 100 percent compliance rate. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers to report census-related information on health care transactions received electronically during the previous calendar year. Information contained in the EDI Progress Report is used throughout the year to develop EDI programs. It also provides the basis of information used in the annual *Practitioner and Hospital EDI Review* released in November, and the *Dental EDI Review* released in April.

Electronic Health Network Services

MHCC candidacy status was granted to M.D. On-Line and Rx-Hub. Currently, 19 electronic health networks (EHNs) are MHCC-certified and 12 additional EHNs are in candidacy status. Staff also provided support to Trojan Medical Services in their evaluation of the Maryland market. MHCC certification is for a two-year period and ensures that networks doing business in the state meet roughly 69 requirements in the area of privacy, technical performance, business practice, and security. Staff recommendations are based upon audits conducted by the Electronic Health Network Accreditation Commission for national certification and its review of a candidate's self-assessment documentation. Last month staff completed the self-assessment documentation review for Payerpath which primarily focuses on medical transactions and Eyefinity which specializes in vision transactions. Staff is in the preliminary stage of working with three e-prescribing EHNs exploring MHCC certification.

Survey Collection

Approximately 99.4 percent of the 314 ambulatory surgery centers notified to complete an electronic Ambulatory Surgery Survey submitted their surveys on time. Centers have 45 days to complete their annual surveys, starting from the date that an authorized representative signs for the certified notification letter. All but two surveys were received electronically by the June 25 submission deadline. Last minute reporting exceptions were granted to these two centers. The Ambulatory Surgery Survey collects information on the setting, size, medical specialties, and past year's utilization of these facilities.